

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>INDIANA JOBS NOW</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00603159       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>CROSSROADS MEDIA LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            03 / 03 / 2016         </div>	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           33745.75         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE.4175</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            03 / 02 / 2016         </div>	
Purpose of Expenditure MEDIA		Category/ Type 004	Name of Federal Candidate TREY HOLLINGSWORTH	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           254606.50         </div>	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CROSSROADS MEDIA LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            03 / 03 / 2016         </div>	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           33745.75         </div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE.4176</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            03 / 02 / 2016         </div>	
Purpose of Expenditure MEDIA		Category/ Type 004	Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           288352.25         </div>	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           67491.50         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           000000.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           67491.50         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>INDIANA JOBS NOW</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603159	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SRCP MEDIA INC. PRODUCTION</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 03 / 2016</b>		
Mailing Address <b>201 N UNION ST SUITE 200</b>			Amount <b>5421.50</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4177</b>		
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 04 / 2016</b>		
Name of Federal Candidate <b>TREY HOLLINGSWORTH</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>293773.75</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>SRCP MEDIA INC. PRODUCTION</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 03 / 2016</b>		
Mailing Address <b>201 N UNION ST SUITE 200</b>			Amount <b>5421.50</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4178</b>		
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 04 / 2016</b>		
Name of Federal Candidate <b>GREGORY FRANCIS MR. ZOELLER</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>299195.25</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>10843.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>78334.50</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 05 / 2016**

Signature